

**STATE OF HAWAII**  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

**QUESTIONNAIRE FOR ARCHITECTS, ENGINEERS AND OTHER PROFESSIONAL SERVICES**

QUESTIONNAIRE FOR: (LIST DISCIPLINE)	OTHER QUESTIONNAIRES SUBMITTED: (LIST DISCIPLINES)	DATE
FIRM NAME	ESTABLISHED YEAR      STATE	TYPE OF ORGANIZATION (Underline)  INDIVIDUAL      PARTNERSHIP      CORPORATION      JOINT VENTURE      OTHER
BUSINESS ADDRESS, TELEPHONE & FAX NO. OF HAWAII OFFICE	AGE OF FIRM	FEDERAL ID NO.      YEARS ESTABLISHED IN HAWAII
PRINCIPALS OF FIRM: (NAMES)	ASSOCIATE MEMBERS OF FIRM: (NAMES)	
PRESENT BRANCH OFFICE(s): (ADDRESS, TELEPHONE & FAX NO.)	PERSON IN CHARGE: (NAMES)	

**NUMBER OF PERSONNEL IN YOUR PRESENT ORGANIZATION**

LOCATED AT	PRINCIPALS & KEY PERSONNEL			OTHER PERSONNEL										TOTAL		
	Architect	Engineer	Others	Architect	Engineers				Draftsmen	Spec. Writer	Estimator	Inspector	Surveyor		Balance	
				Mech.	Electri	Civil	Others									
HOME OFFICE																
BRANCH IN																
<b>TOTAL</b>																
TECHNICAL PERSONNEL:				NUMBER OF PERSONNEL WITH HAWAII LICENSES					NUMBER OF PERSONNEL WITHOUT HAWAII LICENSES							

PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES WITHIN YOUR FIRM									
NAME			RESIDENT OF		NAME			RESIDENT	
TITLE					TITLE				
YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL		YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)					EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS					MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				
REGISTRATION (TYPE, YEAR, STATE)					REGISTRATION (TYPE, YEAR, STATE)				
NAME			RESIDENT OF		NAME			RESIDENT OF	
TITLE					TITLE				
YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS		OTHER THAN PRINCIPAL	YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)					EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS					MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				
REGISTRATION (TYPE, YEAR, STATE)					REGISTRATION (TYPE, YEAR, STATE)				

## PERSONAL HISTORY STATEMENT OF TECHNICAL PERSONNEL WITHIN YOUR FIRM

NAME		STATUS (Underline) Full-Time Part-Time	NAME		STATUS (Underline) Full-Time Part-Time
TITLE OR POSITION		YEARS OF EXPERIENCE	TITLE OR POSITION		YEARS OF EXPERIENCE
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)		
REGISTRATION (TYPE, YEAR, STATE)			REGISTRATION (TYPE, YEAR, STATE)		

  

NAME		STATUS (Underline) Full-Time Part-Time	NAME		STATUS (Underline) Full-Time Part-Time
TITLE OR POSITION		YEARS OF EXPERIENCE	TITLE OR POSITION		YEARS OF EXPERIENCE
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)		
REGISTRATION (TYPE, YEAR, STATE)			REGISTRATION (TYPE, YEAR, STATE)		

  

NAME		STATUS (Underline) Full-Time Part-Time	NAME		STATUS (Underline) Full-Time Part-Time
TITLE OR POSITION		YEARS OF EXPERIENCE	TITLE OR POSITION		YEARS OF EXPERIENCE
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)		
REGISTRATION (TYPE, YEAR, STATE)			REGISTRATION (TYPE, YEAR, STATE)		

## OUTSIDE ASSOCIATES AND CONSULTANTS USUALLY EMPLOYED

DISCIPLINE	NAME OF FIRM OR INDIVIDUAL		DISCIPLINE	NAME OF FIRM OR INDIVIDUAL

## ERRORS AND OMISSIONS INSURANCE

DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? (Underline)			AMOUNT OF COVERAGE PER CLAIM	AMOUNT OF DEDUCTIBLE
YES	NO	PROJECT INSURANCE	\$	\$

Submit proof of insurance or insurability from your insurance carrier with this form.

**SUMMARY OF YOUR FIRM'S COMPLETED AND PRESENT PROJECTS DURING THE LAST TEN YEARS****AS A PRIME A/E CONSULTANT**

TOTAL NUMBER OF COMPLETED PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS	\$
TOTAL NUMBER OF PRESENT PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS	\$

**AS AN ASSOCIATE WITH OTHER A/E CONSULTANTS**

TOTAL NUMBER OF COMPLETED PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE)	\$
TOTAL NUMBER OF PRESENT PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM IS RESPONSIBLE)	\$

**CLASS OF WORK AND PROJECT TYPE SPECIALIZATION**

TYPE OF PROJECT	TOTAL NO. OF COMPLETED PROJECTS	TOTAL ESTIMATED CONSTRUCTION COST	TOTAL ESTIMATED PROJECT SIZE (G.S.F.)

Categorize your firm's class for work during the last ten years by project type. Examples of project types include Educational, Commercial, Industrial, Residential, Health Care, Correctional and Judicial Facilities. Work may also be categorized as planning, civil sitework, renovation/alteration, architectural barrier removal, fire alarm system, etc.

**PRESENT/COMPLETED PROJECTS IN WHICH YOUR FIRM IS/WAS DESIGNATED THE PRIME CONSULTANT (BY TYPE)**

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

TYPE:							
YEAR	NAME AND LOCATION OF THE PROJECT	NAME OF LEAD DESIGNER	NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER	ESTIMATED CONST. COST (\$)	DURATION FOR DESIGN (MONTHS)	% COMPLETED	
						DESIGN	CONST.

**PRESENT/COMPLETED PROJECTS THAT YOUR FIRM IS/WAS ASSOCIATED WITH OTHERS (BY TYPE)**

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

TYPE:

YEAR	NAME AND LOCATION OF THE PROJECT	NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER	ESTIMATED CONSTRUCTION COST		DURATION FOR DESIGN (MONTHS)	PRIME FIRM ASSOCIATED WITH	% COMPLETED	
			ENTIRE PROJECT	YOUR FIRM'S WORK			DESIGN	CONST.

**Explain firm's individual project assignment, project management structure, project execution (work flow and responsibilities) and quality control process.** In the event the spaces provided on this form are not sufficient for entries, or if you wish to furnish additional information, it may be inserted here or on separate sheets, with appropriate references.

As of this date \_\_\_\_\_ the foregoing is a true statement of facts.

NAME OF FIRM OR INDIVIDUAL SUBMITTING QUESTIONNAIRE

TYPE NAME AND TITLE OF PERSON SIGNING

SIGNATURE

NOTE: It is to a firm's advantage to maintain its experience record on a current basis. This may be accomplished by periodically forwarding current data to DAGS.



# **PRINCIPALS ONLY - ADDITIONAL INFORMATION**

NAME	TITLE AND POSITION	YEARS WITH FIRM
MAJOR RESPONSIBILITIES WITH THIS FIRM		

## **PRIOR EMPLOYMENT**

(START WITH LATEST EMPLOYMENT PRIOR TO JOINING THIS FIRM AND PROVIDE SIMILAR INFORMATION FOR EACH SEPARATE EMPLOYMENT OR MAJOR CHANGES IN DUTIES WITH THE SAME EMPLOYER.)

FIRM:	DATE FROM: TO:	FIRM:	DATE FROM: TO:
ADDRESS:		ADDRESS:	
JOB TITLE:		JOB TITLE:	
SUPERVISOR'S NAME AND TITLE:		SUPERVISOR'S NAME AND TITLE:	
MAJOR DUTIES:		MAJOR DUTIES:	

FIRM:	DATE FROM: TO:	FIRM:	DATE FROM: TO:
ADDRESS:		ADDRESS:	
JOB TITLE:		JOB TITLE:	
SUPERVISOR'S NAME AND TITLE:		SUPERVISOR'S NAME AND TITLE:	
MAJOR DUTIES:		MAJOR DUTIES:	